MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/772,830

FILING DATE 1-30-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)	1					
2		1				
3		1				
4		1				
5		1				
(6)	1					
7		1				
8						
9						
10		1				
11		1				
12		1				
13		1				
(14)	1					
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(16)	1					
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48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	16					
TOTAL CLAIMS	20					

		IND.	DEP.	IND.	DEP.	IND.	DEP.
	51						
	52						
	53						
	54						
	55	1					
	56						
	57						
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	100						
	TOTAL IND.						
	TOTAL DEP.						
	TOTAL						